



### Membership Application

#### 1. Company Information *print legibly. Use dark ink.*

Legal Business Name:		1: Tax ID:	
Doing Business As:		2: <input type="checkbox"/> Check this box to consent to receive all tax documents via electronic delivery.*	
Address:			
City:		State:	Zip Code:
Phone:		Fax:	
Mailing Address:			
City:		State:	Zip Code:
Business Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
	<input type="checkbox"/> LLC	<input type="checkbox"/> Other	
Website:			

#### 2. Primary Contact/Signer Information

Name:	Title:
Cell Phone:	SSN:
Home Phone:	DOB:
Work Email:	Home Email:

#### 2a. Additional Signer Information - for further additional contacts or signers an Additional Signer Form is required

Name:	Title:
Cell Phone:	SSN:
Email:	
Signature of Additional Signer:	

#### 3. Payment Options - CASH FEES will be billed to your Credit Card or EFT every four week cycle - complete only one section below

Application Fee was paid directly to my ITEX Broker:	Yes	<input checked="" type="checkbox"/> No	Amount \$ 0.00
<b>Pay by Credit Card:</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AmEx
	<input type="checkbox"/> Discover		
Card Number:	Exp Date:		
Card Billing Address:			
City:		State:	Zip Code:
Name on Credit Card:			
<b>Pay by Electronic Funds Transfer (EFT):</b>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Routing #
Name on Bank Account:		Account #	



<b>X Signature (from authorized signer on Credit Card/EFT Information above):</b>
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Billing statements are delivered via email. If you require a printed statement (\$2 fee/cycle), please check here:

I was invited by:	ITEX Account Number:
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#### For Broker Use Only

Broker Code:	Directory Category 1:
Sales Representative:	Directory Category 2:
Notes/Special Requests:	

#### 4. Agreement - must be signed by Primary Contact/Signer from section 2.

I apply to participate as a member of the ITEX Marketplace and subscribe to the record keeping and administrative services of ITEX Corporation. I agree to be bound by and comply with, and that the use of my ITEX account will be governed by, the terms and conditions of the [Member Agreement](#) (which includes the [Marketplace Rules](#), the [Privacy Policy](#)) and any amendments thereto as may be posted from time to time on the ITEX website at www.itex.com. The information on this application is true, accurate, and correct, to the best of my knowledge. If a business entity, I have the legal capacity and authority to act on behalf of the applicant. Applicant will not be admitted as an ITEX Member unless and until this application is accepted by ITEX Corporation.

\*By checking this box, you consent to electronic delivery of your 1099-B. If you do not consent, we will send your 1099-B by regular mail. You may change your delivery preferences by sending an email to support@itex.com or calling 1-800-277.9722. Your consent will go into effect immediately and remain in effect until you revoke it.



<b>X Signature:</b>	<b>Date:</b>
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